Peter Norrbom	·	SEP 13 MIII: 15	·.
(name of party or participan	plans to participate in the water richt)	gur nearing regardin GAC-A-EV U	g:
	Peter Norrbom Permit Revocation		·
	Scheduled for October 26, 2004		·
☐ I/we agree to accept elect	olicy statement only. by cross-examination or rebuttal only. ronic service of hearing-related materials. wing witnesses to testify at the hearing.		
NAME	SUBJECT OF PROPOSED TESTIMONY	ESTIMATED LENGTH OF DIRECT TESTIMONY	EXPERT WITNESS (YES/NO)
To be determined		TESTIMONI	
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		!	
(If more space is required, pl	ease add additional pages or use reverse sid	<u>l</u> le.)	<del></del>
Name, Address, Phone Num Signature:	ber and Fax Number of Attorney or Other I	Representative	_
Name (Print): Shawn T.	McCammon, Esq.		_
Mailing P.O. Box Address: Red Bluff	190 , CA 96080		<u>.</u>
·	527-0213 . Fax Number: (530	) 527-7641	<u> </u>
		, JC/-/UHI	<del></del>
E-mail Address: mr awles	bcglobal.net	the state of the state of	